

07-27-00

A

07/26/00



JCS52 U.S. PTO

Please type a plus sign (+) inside this box →



PTO/SB/05 (4/98)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket <b>02581- P0316A</b>	
		First Inventor or Application Identifier <b>Hartmut Boche</b>	
		Title <b>Medical Instrument With A Non-Contact Readable Data Carrier</b>	
		Express Mail Label No. <b>EL574203724US</b>	

  

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: <b>Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</b>	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages <b>22</b> ] <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claims(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawings(s) (35 USC 113) [Total Sheets <b>4</b> ] 4. Oath or Declaration [Total Pages <b>0</b> ] a. <input type="checkbox"/> New executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR a.63(d)(2) and 1.33(b).</small>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies		
<b>ACCOMPANYING APPLICATION PARTS</b>			
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(where there is an assignee)</small> 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 13. <input type="checkbox"/> * Small Entity <input type="checkbox"/> Statement filed in prior application <small>Status still proper and desired (PTO/SB/09-12)</small> 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 15. <input type="checkbox"/> Other			

  

**NOTE FOR ITEMS 1 & 4:** IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

  

**16. If a CONTINUING APPLICATION**, check appropriate box and supply the requisite information

☐ Continuation ☐ Divisional ☐ Continuation-in-part of prior application No.:

Prior application information: Examiner Group/Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

**18. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number of Bar Code Label		<b>24126</b> <small>(Insert Customer No or Attach bar code label here)</small>		<input checked="" type="checkbox"/> Correspondence address below	
NAME <b>Wesley W. Whitmyer, Jr.</b>					
ADDRESS <b>St. Onge Steward Johnston &amp; Reens LLC</b>					
<b>986 Bedford Street</b>					
CITY	<b>Stamford</b>	STATE	<b>CT</b>	ZIP CODE	<b>06905-5619</b>
COUNTRY	<b>United States</b>	TELEPHONE	<b>203 324-6155</b>	FAX	<b>203 327-1096</b>

  

Name (Print/Type)	<b>Wesley W. Whitmyer, Jr.</b>	Registration No. (Attorney/Agent)	<b>33,558</b>
Signature		Date	<b>7/25/00</b>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Times will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.